

## **APPLICATION FEE: \$50.00**

### **PRIVATE NONPROFIT TRANSPORTATION PROVIDERS**

#### **THIS APPLICATION PACKET CONTAINS THE FOLLOWING:**

- **QUESTIONNAIRE** – Do I need a private nonprofit transportation provider certificate?
- **INSTRUCTIONS FOR COMPLETING THE APPLICATION**
- **APPLICATION**
  - **PART A - Application For Certificate**
  - **PART B - Safety Fitness Survey**
  - **Technical Assistance On Safety**
- **ADDITIONAL INFORMATION**
  - **WAC 480-31 Rules Relating to Private Nonprofit Transportation Providers**
  - **Your Guide to Achieving a Satisfactory Safety Record**

Private, nonprofit corporations providing transportation services for compensation solely to persons with special transportation needs must apply for and receive a certificate from the Washington Utilities and Transportation Commission.

“Persons with special transportation needs” are those persons, including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or purchase appropriate transportation.

## QUESTIONNAIRE

### DO I NEED A PRIVATE NONPROFIT TRANSPORTATION PROVIDER CERTIFICATE?

1. Is your organization registered with the Secretary of State as a nonprofit corporation?

Yes ☐ No ☐

2. Does your organization transport passengers with special needs, those that because of physical or mental disability, income status, or age are unable to transport themselves?

Yes ☐ No ☐

3. Does your organization receive compensation from direct fares, contracts, grants, or by other means, for the express purpose of providing transportation services?

Yes ☐ No ☐

**If you answered “Yes” to the above questions, you need to apply for a certificate to operate as a private, nonprofit transportation provider.**

**If you answered “No” to any of the questions, you do not need to obtain a certificate to operate as a private, nonprofit transportation provider from our agency.**

## INSTRUCTIONS

### APPLICATION FOR CERTIFICATE TO OPERATE AS A PRIVATE NONPROFIT TRANSPORTATION PROVIDER

**APPLICATION FEE: \$50.00**

INCOMPLETE OR INCORRECT APPLICATIONS WILL DELAY ISSUANCE OF YOUR CERTIFICATE. APPLICATIONS MUST BE ACCOMPANIED BY THE APPROPRIATE APPLICATION FEE.

#### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PO Box 47250

Olympia, WA 98504-7250

Phone: (360) 664-1222 Fax: (360) 586-1181

[www.wutc.wa.gov](http://www.wutc.wa.gov)

E-mail: [transportation@wutc.wa.gov](mailto:transportation@wutc.wa.gov)

### PART A - APPLICATION FOR CERTIFICATE

#### **TYPE OF APPLICATION:**

- **New Certificate** - If you are applying for an initial certificate.
- **Reinstate Certificate** - If you are applying to reactivate a certificate which has been canceled.
- **Transfer Certificate** - If you are applying to transfer an existing certificate to a new corporation or a new corporate name. See section regarding "Transfer of Certificate".

#### **APPLICANT IDENTIFICATION:**

- Applicant must have a valid business license. If you do not know your UBI number, please contact the Department of Licensing at (360) 664-1400.
- Applicant must be a valid nonprofit corporation registered with the Secretary of State. Attach a copy of your approved articles of incorporation and proof of your status as a registered private nonprofit corporation.
- Under "d/b/a" list other trade or business names, if different than the corporate name.
- List a physical address, if it is different from the mailing address.
- List names and addresses of at least two principal officers involved in this corporation.
- Applicant name and name on the insurance filing must match exactly.

**TRANSFER OF CERTIFICATE:** If you are transferring your certificate to a new corporation or you have changed your corporate name and need to transfer your certificate to the new name, you must complete this section. If this section is not complete, you will be assigned a new certificate number instead of having the existing certificate reissued.

**INSURANCE REQUIREMENTS:**

- Check the appropriate box to indicate the level of insurance coverage required for your proposed operations.
- Submit proof of liability and property damage insurance covering each vehicle used under the certificate on either a Form E or binder insurance certificate. If a binder is submitted, it shall be effective for not longer than 60 days, during which time the carrier must file the required Form E.
- The name on the insurance filing must match the applicant name exactly.

**Insurance Limits:**

- \$500,000 Combined Single Limit for vehicles with a passenger seating capacity of less than 16 passengers, including the driver.
- \$1,000,000 Combined Single Limit for vehicles with a passenger seating capacity of 16 or more passengers, including the driver.

**EQUIPMENT:**

- List, or attach a list, of all vehicles that will be used to provide transportation services.

**CONDITIONS JUSTIFYING GRANT OF CERTIFICATE:**

- Describe the service you will provide if this certificate is granted. Include a description of the special transportation need that exists, and the form of compensation you will be receiving for providing this service. (For example, grants, government/private contracts, passenger fares, etc.)

**PART B - SAFETY FITNESS SURVEY**

**SAFETY FITNESS SURVEY:** All applicants must complete the Safety Fitness Survey. Private Nonprofit Transportation Providers must comply with all of the applicable state and/or federal safety requirements for their operations. Those providers who operate vehicles with seating capacity of less than 16 passengers, including the driver, are not subject to the Commercial Driver's License or Controlled Substances and Alcohol Testing provisions. UTC Compliance staff will make arrangements to provide technical assistance, if requested.

**CONTACTS FOR ADDITIONAL ASSISTANCE**

Motor Vehicle Licenses, Ride Share Plates	<b>WA Dept of Licensing</b>	(360) 902-3800
Commercial Drivers Licenses (CDL)	<b>WA Dept of Licensing</b>	(360) 902-3859
Master Business License, Unified Business Identifier (UBI)	<b>WA Dept of Licensing</b>	(360) 664-1400
Grant Programs/Private Nonprofit Agencies	<b>WA Dept of Transportation</b>	(360) 705-7926
Corporations Division	<b>Office of the Secretary of State</b>	(360) 753-7115

## PART – A

### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Drive SW, P.O. Box 47250

Olympia, WA 98504-7250

Telephone (360) 664-1222 – Fax (360) 586-1181

#### Private Nonprofit Transportation Provider

Application Fee: \$50.00

#### APPLICATION FOR CERTIFICATE

*(For Commission Use Only)*

Reception Number:	Safety/Inspection:	Application D #:
111 0268 231 02	Insurance:	Motcar #:
Date Filed:	Docket #:	Employee:

#### TYPE OF APPLICATION (check one)

☐ New Certificate   ☐ Reinstate Certificate   ☐ Transfer Certificate (New Owner or New Name)

#### APPLICANT IDENTIFICATION

Attach a copy of approved articles of incorporation and proof of status as a registered nonprofit corporation

C/NPC#: <i>(issued by the commission)</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI)#:
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APPLICANT NAME:	PHONE #:
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D/B/A OR TRADE NAME:	FAX #:
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E-MAIL ADDRESS:
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BUSINESS (MAILING) ADDRESS:
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(Street Address, P.O. Box):
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(City, State, Zip)
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PHYSICAL ADDRESS: (Street Address, if different)
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#### PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation)

Name	Title	Address
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## TRANSFER OF CERTIFICATE

Complete this section if you are transferring an existing certificate to a new corporation or if you are changing your corporate name. List name of current certificate holder and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

NAME ON CERTIFICATE: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

### INSURANCE REQUIREMENTS (must check one) (certificate will not be issued until acceptable insurance is received)

- ☐ The applicant will provide service only in vehicles with a seating capacity of less than 16 passengers, including the driver - \$500,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will not be subject to the motor carrier safety provisions relating to Commercial Driver's License and Controlled Substance and Alcohol Training/Testing.
- ☐ The applicant will provide service in vehicles with a seating capacity of 16 passengers or more, including the driver - \$1,000,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will be subject to all of the motor carrier safety provisions including Commercial Driver's License and Controlled Substance and Alcohol Training/Testing.

### EQUIPMENT LIST (Attach additional list if necessary)

State and License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number (VIN#)

### CONDITIONS JUSTIFYING GRANT OF CERTIFICATE (Attach Additional Sheet if Necessary)

**Describe the transportation service you will provide to persons with special transportation needs. Please include:**

- A description of the special transportation needs that exist
- The source of your compensation and the stated purpose (for example, a grant from a federal, state, or local transit agency to purchase a vehicle for providing transportation; or from a for-profit corporation or other source that provides grants to charitable organizations for the purpose of providing general assistance or education to the hearing impaired)

*As the applicant, I understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a certificate is received from the commission. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.*

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Date

## PART - B

### SAFETY FITNESS SURVEY

**Instructions:** List the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR are available from several vendors. These include, but are not limited to:

U.S. Government Online Bookstore at <http://bookstore.gpo.gov>

Washington Trucking Associations, 30 South 336th St., Suite B, Federal Way, WA 98003, (253) 838-1650

J. J. Keller, P O Box 368, Neenah, WI 54957-0368, 1-800-558-5011

Willamette Traffic Bureau, 16303 NE Cameron Blvd., Portland, OR 97230, 1-800-727-7293

#### CONTROLLED SUBSTANCES AND ALCOHOL TESTING (PART 382)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40)

#### COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (PART 383)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle, **as described below**, must have a valid CDL. A commercial motor vehicle:

- Has a gross combined weight rating of 26,001 or more pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- Has a gross vehicle weight rating of 26,001 pounds or more; or
- Is designed to transport 16 or more passengers, including the driver; or
- Is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information.

#### DRIVER QUALIFICATION REQUIREMENTS (PART 391)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive a motor vehicle. To determine what information is required, review FMCSR 49 CFR Part 391.51.

### **DRIVERS HOURS OF SERVICE (PART 395)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle.  
Note: Reference 49 CFR Part 395.

### **VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (PART 396)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

49 CFR Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day.

Each motor carrier must maintain certain required records for each vehicle that include the following (see 49 CFR Part 396.3(b)):

- Identification of the vehicle.
- A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 Dealing with Periodic Inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

*As the applicant I understand the responsibilities of a motor carrier of passengers and I am in compliance with all safety requirements which apply to my operations.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



## TECHNICAL ASSISTANCE

The commission voluntarily provides technical assistance on any of the Safety Fitness requirements. Requesting additional information on any or all of the below listed sections will not result in your company being selected for a safety compliance audit. There is no additional charge for this service.

If you want information on any of the safety requirements, check the appropriate box (es) below. Please include day and evening phone numbers and the name of the person to be contacted.

Place an "X" or check mark in the box in front of any subject on which you wish assistance.	Subject/Topic Area
	Controlled Substances and Alcohol testing (Part 382)
	Commercial Driver's Licensing requirements (Part 383)
	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
	Driver Qualification requirements (Part 391)
	Driving of Commercial Motor Vehicles (Part 392)
	Specific Securement requirements (Part 393)
	Hours of Service requirements (Part 395)
	Inspection, Repair, and Maintenance (Part 396)

Contact person:\_\_\_\_\_

Day telephone number:\_\_\_\_\_

Evening telephone number:\_\_\_\_\_

E-mail address:\_\_\_\_\_